

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED

JUL 15 2016

Per S. White

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2124 Aaron Ross Way
Round Rock Tx 78665

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 689 2450

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Kris
Whitfield

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2124 Aaron Ross Way
Round Rock, Tx 78665

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 689-2450

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 1 / 2016

THROUGH

Month

Day

Year

6 / 30 / 2016

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Place 6
City Council

13 OFFICE SOUGHT (if known)

Place 6
City Council

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Kris Whitfield 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>Kris Whitfield</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>2124 Aaron Ross Way</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Kris Whitfield</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2800</u> ⁰⁰ / _{xx}
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>1137</u> ⁸⁹ / _{xx}
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1137</u> ⁸⁹ / _{xx}
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2800</u> ⁰⁰ / _{xx}
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kris Whitfield

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kris Whitfield, this the 15th day of July, 20 16, to certify which, witness my hand and seal of office.

Sarah White

Signature of officer administering oath

SARAH WHITE

Printed name of officer administering oath

Notary Public

Title of officer administering oath

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>2</i>	2 FILER NAME <i>Kris Whitfield</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-11-16</i>	5 Payee name <i>Jason Burchill Wine Sensation</i>	
6 Amount (\$) <i>\$75-</i>	7 Payee address; City; State; Zip Code <i>409 N. Mays St. Round Rock TX 78664</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Fundraiser</i>	(b) Description (See instructions regarding type of information required.) <i>Music</i>
Date <i>2-11-16</i>	Payee name <i>Wine Sensation</i>	
Amount (\$) <i>372 ⁹²/₁₀₀</i>	Payee address; City; State; Zip Code <i>409 N. Mays St. Round Rock TX 78664</i>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Fundraiser</i>	Description (See instructions regarding type of information required.) <i>Food</i>
Date <i>4-8-16</i>	Payee name <i>Greater Round Rock Community Foundation</i>	
Amount (\$) <i>\$200-</i>	Payee address; City; State; Zip Code <i>206 E. Main St. Round Rock TX 78664</i>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Donation</i>	Description (See instructions regarding type of information required.) <i>Leadership R.R. Small libraries</i>
Date <i>5/20/16</i>	Payee name <i>George White</i>	
Amount (\$) <i>200-</i>	Payee address; City; State; Zip Code <i>25 Wilderness Way Round Rock TX 78664</i>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Donation/Gift</i>	Description (See instructions regarding type of information required.) <i>Outgoing Gift Council members while</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>2</i>	2 FILER NAME <i>Chris W. Luttich</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/2016</i>	5 Payee name <i>Round Rock Express</i>	
6 Amount (\$) <i>289 ⁹⁷/₁₀₀</i>	7 Payee address; City; State; Zip Code <i>3400 E. Palm Valley Blvd. Round Rock TX 78665</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.) <i>Appreciation Party</i>

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Kris W. Lutfeld

3 Filer ID (Ethics Commission Filers)

4 Date

2-11-16

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

David & Vicki Brevell

6 Contributor address; City; State; Zip Code

1404 Pearl Cr. Round Rock TX 78681

7 Amount of contribution (\$)

\$100-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-11-16

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Gregg Miller

Contributor address; City; State; Zip Code

2218 Settlers Park Loop RR, TX 78665

Amount of contribution (\$)

\$25-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-16

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Jim & Monte Boles

Contributor address; City; State; Zip Code

2201 Hairy Man Rd. RR, TX 78681

Amount of contribution (\$)

\$250-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-10-16

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Paul Bury III

Contributor address; City; State; Zip Code

221 W. 6th St. Ste 600, Austin TX 78701

Amount of contribution (\$)

\$250-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2-11-16

David Scott Heselmeyer

6 Contributor address;

City; State; Zip Code

142 Chestnut Cove Jarrell TX 76537

\$ 100 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2-11-16

Roy & Denise Beard

Contributor address;

City; State; Zip Code

1902 Shadowbrook RR, TX 78681

\$ 100 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2-11-16

Lori & Michael Scott

Contributor address;

City; State; Zip Code

2511 Creek Bend Circle RR, TX 78681

\$ 50 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2-11-16

Charles & Beth Avery

Contributor address;

City; State; Zip Code

4029 Sable Oaks RR, TX 78664

\$ 500 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Kris Wolutheld

3 Filer ID (Ethics Commission Filers)

4 Date

2-11-16

5 Full name of contributor

Lora Weber

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50-

6 Contributor address;

City; State; Zip Code

1902 Mulligan Dr RR TX 78664

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*Jan
26, 2016*

Full name of contributor

John S. Henry Sr.

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500-

Contributor address;

City; State; Zip Code

2803 Pecos St. Austin TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-16

Full name of contributor

Craig Morgan & Amanda

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150-

Contributor address;

City; State; Zip Code

1343 River Forest Dr RR TX 78665

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-16

Full name of contributor

Gail Hester

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25-

Contributor address;

City; State; Zip Code

Po Box 552 Round Rock TX 78680

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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